

# **AHERA THREE YEAR REINSPECTION FORM**

**AND**

## **INSTRUCTION PACKAGE**



**January 2001**

**STATE OF TENNESSEE  
DEPARTMENT OF EDUCATION  
DIVISION OF FINANCE, ACCOUNTABILITY AND TECHNOLOGY  
ENVIRONMENTAL PROGRAMS SECTION**

**STATE OF TENNESSEE  
AHERA THREE YEAR REINSPECTION**

**GENERAL INSTRUCTIONS**

**PURPOSE:**

ALL LOCAL EDUCATION AGENCIES (LEAs), both public and private shall use the attached documents for TAHERA Three Year Re-inspection Reports and submit to the State of Tennessee.

**PRESENTATION:**

Completed forms shall be typewritten NO REPORTS IN PENCIL WILL BE ACCEPTED. All sheets shall be 8 ½" x 11". TAHERA Re-inspection Report(s) shall be stapled or binder clipped. THREE RING BINDER OR LOOSE LEAF PRESENTATIONS WILL NOT BE ACCEPTED.

**DISTRIBUTION:**

**MAIL THE COMPLETED REINSPECTION REPORT TO:**

**TENNESSEE DEPARTMENT OF EDUCATION  
DIVISION OF FINANCE, ACCOUNTABILITY AND TECHNOLOGY  
BUDGET AND PLANNING  
6<sup>TH</sup> FLOOR, ANDREW JOHNSON TOWER  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-0375**

**Attention: Tom Fusco**  
**Email: [Tfusco@mail.state.tn.us](mailto:Tfusco@mail.state.tn.us)**

**PREPARATION:**

Complete forms as instructed below and assemble in order given. **If questions arise, contact Tom Fusco, Asbestos Consultant at (615) 532-1681.**

**A. Transmittal Sheet TAHERA 1.0 (2/97)**

One TAHERA 1.0 Form should be completed for each School System.

- ❖ Indicate with an "x" that the submission is a Three-Year Re-inspection Report.
- ❖ Fill in the LEA name (as listed on the original Management Plan), LEA number (as assigned by the Department of Education), address, county, LEA Designated Person, Telephone number, and date of submission.

**B. Three Year Re-inspection Form TAHERA 16.0 (2/97)**

One (1) TAHERA 16.0 Form should be completed for each SCHOOL BUILDING and/or SCHOOL FACILITY. An example Three-Year Re-inspection Form has been enclosed.

- ❖ Indicate LEA Name and LEA Number at top of form.
- ❖ Indicate School Building Name and Number at top of form.
- ❖ Indicate the Date of Implementation and the inspection date of this Three-Year Re-inspection.
- ❖ Fill in the Homogeneous Area Number, Current Quantity and Material Description for each and every asbestos containing homogeneous area previously recorded (this includes both FRIABLE and NONFRIABLE asbestos containing building materials. **LIST ONLY ONE HOMOGENEOUS AREA PER**

**C. Training Certificates**

- ❖ Copies of the original and Current Training Certificates for the Inspector and Management Planner.

## **INSPECTION REQUIREMENTS:**

AHERA Accredited Inspectors and Management Planners must meet all EPA certification requirements, which include being in "Current Standing".

### **A. An accredited INSPECTOR shall:**

1. Review the School's previous Three Year Re-inspection Report TAHERA 16.0 (2/97) and note the conditions recorded for each Homogeneous Area of Confirmed or Assumed ACBM under the "CURRENT" column.
2. Record the information from item 1 (above) in the "Last 3 Year" column of the THREE YEAR REINSPECTION FORM TAHERA 16.0 (2/97).
3. Re-inspect each previously recorded Homogeneous Area and note it's present condition in the "Current" column of the TAHERA 16.0 (2/97).
  - a. The "CURRENT QUANTITY" should be determined by deducting the amount of any materials removed since the last 3-year re-inspection.
  - b. If information regarding an asbestos containing material has changed, (i.e., quantities of removed HA's, conditions or damage to materials, etc.), please attach a memo regarding any changes.
4. Fill in the appropriate number for the "ASSESSMENT" (from the "ASSESSMENT LEGEND").
  - a. If the material is NON\_ACBM (as represented by new testing of previously assumed ACBM) the "Current" column should be marked "NON\_ACBM". Revise and attach copies of the TAHERA 6.2, 6.3, 6.9, and 8.0 Forms. To make revisions, draw a line through any items to be changed, write the appropriate revision, date and initial.
  - b. If all of the material was removed since the previous Three Year Re-inspection, type "REMOVED" in the "Current" column. Attach a completed copy of the TAHERA 10.0 and TEM Air Clearance Reports.
  - c. If a material was listed as being REMOVED on the previous Three Year Re-inspection Report, that material should not be listed on this current report.
5. If the condition of the ACBM has not changed and the Response Action is the same as the "LAST 3-YEAR" RESPONSE ACTION an AHERA Accredited Management Planner is not required to sign the Three year Re-inspection Form.

### **B. An Accredited MANAGEMENT PLANNER shall:**

1. Fill in the appropriate letter for the "RESPONSE ACTIONS" from the "RESPONSE ACTIONS LEGEND".
  - a. If the "RESPONSE ACTION" for the "CURRENT" column is different than the "Last 3-Year" Column:
    - 1) On the TAHERA 6.4 form in the Management Plan, draw a line through the Response Action to be changed, write the appropriate Response Action, date and initial.
    - 2) On the TAHERA 6.5 form in the Management Plan, draw a line through any items to be changed, write the appropriate revision, date and initial.
2. Fill in the Names, Signatures, and AHERA Accreditation Numbers of the Inspector(s) and Management Planner.

**STATE OF TENNESSEE  
AHERA TRANSMITTAL/SUBMITTAL FORM**

**DATE:** \_\_\_\_\_

**LEA SYSTEM NAME:** \_\_\_\_\_

**LEA#:** \_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

**DESIGNATED PERSON:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED  
BY PLACING AN "X" IN THE APPROPRIATE BOX.**

| ORIGINAL<br>SUBMISSION | CORRECTION/DEFICIENCY<br>SUBMISSION | TYPE OF DOCUMENT              |
|------------------------|-------------------------------------|-------------------------------|
|                        |                                     | MANAGEMENT PLAN               |
|                        |                                     | ASBESTOS FREE MANAGEMENT PLAN |
|                        |                                     | YEARLY PROGRESS REPORT        |
|                        |                                     | THREE YEAR REINSPECTION       |
|                        |                                     | OTHER (Please Explain)        |

# THREE YEAR REINSPECTION

LEA NAME: \_\_\_\_\_ LEA #: \_\_\_\_\_

School Building Name: \_\_\_\_\_ Building #: \_\_\_\_\_

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: \_\_\_\_\_ INSPECTION DATE: \_\_\_\_\_



## CHECK ONE

TSI  
SURFACING  
MISCELLANEOUS

| HA NUMBER            |         | HA NUMBER            |         | HA NUMBER            |         | HA NUMBER            |         |
|----------------------|---------|----------------------|---------|----------------------|---------|----------------------|---------|
| CURRENT QUANTITY     |         | CURRENT QUANTITY     |         | CURRENT QUANTITY     |         | CURRENT QUANTITY     |         |
| MATERIAL DESCRIPTION |         | MATERIAL DESCRIPTION |         | MATERIAL DESCRIPTION |         | MATERIAL DESCRIPTION |         |
| LAST<br>3 YEAR       | CURRENT | LAST<br>3 YEAR       | CURRENT | LAST<br>3 YEAR       | CURRENT | LAST<br>3 YEAR       | CURRENT |
|                      |         |                      |         |                      |         |                      |         |
|                      |         |                      |         |                      |         |                      |         |

## CHECK ONE

ASSUMED ACBM  
CONFIRMED ACBM  
NON-ACBM

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

## CHECK ONE

NON-FRIABLE  
FRIABLE

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

## EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)

DETERIORATION  
PHYSICAL DAMAGE  
WATER DAMAGE  
ACTIVITY/VIBRATION  
EXPOSURE  
ACCESSIBILITY

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

## LENGTH OF EXPOSURE

### (CHECK ONE)

1 HOUR/WEEK  
5 HOUR/WEEK  
10 HOUR/WEEK  
20 HOUR/WEEK  
40 HOUR/WEEK

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

## EXPOSURE POPULATION

### (CHECK ALL APPLICABLE)

MAINTENANCE  
CUSTODIAL  
FACULTY/STAFF  
PUBLIC

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

## ASSESSMENT

(MARK FROM 1 TO 7)

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

## \*\* RESPONSE ACTIONS

(MARK FROM A TO H)

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

## ASSESSMENT LEGEND

- Damaged/significantly damaged TSI
- Damaged friable surfacing ACBM
- Significantly damaged friable surfacing material
- Damaged/significantly damaged friable misc. ACBM
- ACBM with potential for damage
- ACBM with potential for significant damage
- Any remaining friable ACBM or suspect ACBM

## RESPONSE ACTIONS LEGEND

- |                                    |              |
|------------------------------------|--------------|
| A. Institute preventative measures | E. Enclosure |
| B. O & M Program                   | F. Remove    |
| C. Repair                          | G. Isolate   |
| D. Encapsulate                     | H. Other     |

## NOTES

\*If previously assumed ACBM was tested, attach TAHERA 6.2, TAHERA 6.3, TAHERA 6.9 and TAHERA 8.0

\*\* If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

INSPECTOR (Typed name)

SIGNATURE

ACCREDITATION #/STATE

MANAGEMENT PLANNER

SIGNATURE

ACCREDITATION #/STATE

**STATE OF TENNESSEE  
AHERA TRANSMITTAL/SUBMITTAL FORM**

DATE: 07/09/98

LEA SYSTEM NAME: GORDON COUNTY SCHOOLS

LEA#: 9999

ADDRESS:

123 MAIN STREET

DESIGNATED PERSON: JOHN DOE

PHONE: 555-5555

**PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED  
BY PLACING AN "X" IN THE APPROPRIATE BOX.**

| ORIGINAL SUBMISSION | CORRECTION/DEFICIENCY<br>SUBMISSION | TYPE OF DOCUMENT        |
|---------------------|-------------------------------------|-------------------------|
|                     |                                     | MANAGEMENT PLAN         |
|                     |                                     | YEARLY PROGRESS REPORT  |
| X                   |                                     | THREE YEAR REINSPECTION |
|                     |                                     | OTHER (Please Explain)  |

**EXAMPLE**

# THREE YEAR REINSPECTION

LEA NAME: GORDON COUNTY SCHOOLS

LEA #: 9999

School Building Name: MAIN STREET SCHOOL

Building #: 001

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: JULY 1, 1989

INSPECTION DATE: JUNE 30, 1995



## CHECK ONE

TSI  
SURFACING  
MISCELLANEOUS

| HA NUMBER<br>1                       | HA NUMBER<br>2                     | HA NUMBER<br>10                         | HA NUMBER            |
|--------------------------------------|------------------------------------|---|----------------------|
| CURRENT QUANTITY<br>1,000 SQ FT      | CURRENT QUANTITY<br>10,000 SQ FT   | CURRENT QUANTITY<br>120 LF              | CURRENT QUANTITY     |
| MATERIAL DESCRIPTION<br>CEILING TILE | MATERIAL DESCRIPTION<br>FLOOR TILE | MATERIAL DESCRIPTION<br>PIPE INSULATION | MATERIAL DESCRIPTION |
| LAST<br>3 YEAR                       | CURRENT                            | LAST<br>3 YEAR                          | CURRENT              |
|                                      |                                    | X                                       |                      |
| X                                    | X                                  |   |                      |

## CHECK ONE

ASSUMED ACBM  
CONFIRMED ACBM  
NON-ACBM

|   |   |   |   |   |  |  |  |
|---|---|---|---|---|--|--|--|
| X | X | X | X | X |  |  |  |
|   |   |   |   |   |  |  |  |

## CHECK ONE

NON-FRIABLE  
FRIABLE

|   |   |   |   |   |   |  |  |
|---|---|---|---|---|---|--|--|
| X | X | X | X | X | D |  |  |
|   |   |   |   |   |   |  |  |

## EXPOSURE CONSIDERATION 1 TO 5 (5 WORST)

|                    |   |   |   |   |   |   |  |
|--------------------|---|---|---|---|---|---|--|
| DETERIORATION      | 1 | 1 | 1 | 1 | 5 | V |  |
| PHYSICAL DAMAGE    | 1 | 1 | 1 | 1 | 5 |   |  |
| WATER DAMAGE       | 1 | 1 | 1 | 1 | 1 | O |  |
| ACTIVITY/VIBRATION | 4 | 4 | 5 | 5 | 5 |   |  |
| EXPOSURE           | 4 | 4 | 5 | 5 | 2 |   |  |
| ACCESSIBILITY      | 4 | 4 | 5 | 5 | 2 | M |  |

## LENGTH OF EXPOSURE

### (CHECK ONE)

|              |   |   |   |   |   |  |  |
|--------------|---|---|---|---|---|--|--|
| 1 HOUR/WEEK  |   |   |   |   |   |  |  |
| 5 HOUR/WEEK  |   |   |   |   |   |  |  |
| 10 HOUR/WEEK |   |   |   |   | X |  |  |
| 20 HOUR/WEEK |   |   |   |   |   |  |  |
| 40 HOUR/WEEK | X | X | X | X |   |  |  |

## EXPOSURE POPULATION (CHECK ALL APPLICABLE)

|               |   |   |   |   |   |  |  |
|---------------|---|---|---|---|---|--|--|
| MAINTENANCE   | X | X | X | X | X |  |  |
| CUSTODIAL     | X | X | X | X | X |  |  |
| FACULTY/STAFF | X | X | X | X |   |  |  |
| PUBLIC        | X | X | X | X |   |  |  |

## ASSESSMENT

(MARK FROM 1 TO 7)

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
| 5 | 5 | 5 | 5 |  |  |  |  |
|---|---|---|---|--|--|--|--|

## \*\* RESPONSE ACTIONS

(MARK FROM A TO H)

|   |   |   |   |   |  |  |  |
|---|---|---|---|---|--|--|--|
| B | B | B | B | 1 |  |  |  |
|---|---|---|---|---|--|--|--|

## ASSESSMENT LEGEND

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## RESPONSE ACTIONS LEGEND

- |                                    |              |
|------------------------------------|--------------|
| E. Institute preventative measures | I. Enclosure |
| F. O & M Program                   | J. Remove    |
| G. Repair                          | K. Isolate   |
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## NOTES

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\*\* If "current" is different from "last 3 year", attach revised TAHERA 6.4 and TAHERA 6.5

**JOE SMITH**

INSPECTOR (Typed name)

*Joe Smith*  
SIGNATURE

**5973 / KS**

ACCREDITATION #/STATE

MANAGEMENT PLANNER

SIGNATURE

ACCREDITATION #/STATE

**EXAMPLE**